

ISSUE CLAIM STATEMENT (cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	62607	10/19/09
O.I.P.E. CLASSIFIER		21	10/22/99
FORMALITY REVIEW	SDW	723460	11-2-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 I Allowed I Interference
 (Through numeral) Canceled A Appeal
 + Restricted O Objected

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If more than 150 claims or 10 actions
 staple additional sheet here

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